



Voluntary Election to Become an Employer Under the Florida Unemployment Compensation Law

INET

UCS-2
R. 08/01

Complete this form only if you do not meet the liability criteria

Owner name

(Legal name of individual, principal partner, or corporation)

Mailing address

City

State

ZIP

The above named, being an employing unit under the Florida Unemployment Compensation Law, to the same extent as any other employer liable to pay contributions thereunder, does hereby voluntarily elect, pursuant to the terms and provisions of Section 443.121(3), F.S., thereof, to become, as of

☐ (a) first day of January, 20

☐ (b) date stated in firm's request - -
Month Day Year

an employer liable to pay contributions under the Florida Unemployment Compensation Law, to the same extent as any other employer, and hereby makes application for the written approval of such election by the Department.

The undersigned agrees to be governed by all the terms, conditions and provisions of the Florida Unemployment Compensation Law and the rules and regulations of the Florida Department of Revenue to pay the contributions required of employers by said law, and to furnish such bond as the Department may require as indemnity against non-compliance.

The undersigned attaches hereto fully executed DR-1.

Date

- -
Month Day Year

Owner name _____
(Legal name of individual, principals partner, or corporation)

By _____

Title _____

Phone number (_____) _____

FOR DEPARTMENTAL USE

☐ Approved ☐ Denied

By _____

Date - -
Month Day Year

State of Florida
Department of Revenue

Amount of bond \$ _____

Effective date of liability

- -
Month Day Year

Return address: FLORIDA DEPARTMENT OF REVENUE
PO BOX 6510
TALLAHASSEE FL 32314-6510

For assistance call:
1-800-482-8293

INTERNET ADDRESS: www.myflorida.com/dor